

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585735

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3				2		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				2		
13				1		
14				1		
15				2		
16	1		1			
17	1		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	16	←	18	←	←	
TOTAL CLAIMS	18		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						